American Optometric Association
NEWS

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Volume 46 March 24, 2008 No. 13

The Pike Place Market is called the "Soul of Seattle" for its 100-year history encompassing the unique stories of the craftsmen and farmers who sell their goods and services there. World-famous for its fresh seafood, produce and lively arts and crafts, the market has more than 200 businesses to enjoy.

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See Seattle, page 12

AOA fights to block Medicare's massive 10.6% pay cut as Congress eyes reform

With roughly three months left to prevent the largest reduction in physician reimbursement since the creation of the Medicare fee schedule, the AOA is further intensifying its educational and lobbying efforts on Capitol Hill to build support in Congress for effective immediate and long-term solutions to projected cuts in Medicare physician payment.

Without a new legislative fix, a massive 10.6 percent cut targeting all physicians—including ODs, MDs and other health care professionals — will take effect on July 1, 2008.

An additional concern is the expected further 5.4 percent reduction in Medicare physician reimbursement projected for 2009, as well as total projected cuts of about 40 percent by 2016.

That is why the AOA and other health care groups are demanding immediate action by Congress and the president, according to the AOA Advocacy Group.

For the past six years, the Medicare Payment Advisory Commission (MedPAC) has proposed payment cuts to Medicare physicians based on the flawed "Sustainable Growth Rate" (SGR) formula. The SGR target is tied to growth in the nation's gross domestic product per capita and adjusts physician payments by a factor that reflects cumulative spending relative to the target.

Without a legislative fix, a massive 10.6 percent cut targeting all physicians—including ODs, MDs and other health care professionals — will take effect on July 1.

Since 2000, actual Medicare spending on physician services has been above the target, leading to reimbursement rate cuts.

"The fundamental problem with the SGR formula is that changes in the health of the national economy typically have no relation whatsoever to the actual cost of providing services to Medicare patients," said Michele Haranin, O.D., chair of the AOA Federal Relations Committee.

The AOA and other provider groups have been successful in convincing Congress and the president to act to reverse provider payment cuts for the last six years and actually provide marginal increases for Medicare physicians.

"Unfortunately, the small updates have not kept up with increases in practice costs and have made the price tag of reform much greater," said Dr. Haranin.

With the passage of the

See Reform, page 16

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Globalization – Optometry Style

Last month, I had the opportunity to represent the AOA at an International Optometry Congress in Seoul, South Korea. It was an eye-opening experience to say the least.

My only exposure to "foreign optometry" prior to this trip had been with Canadian and Australian optometry. Optometry in both of these countries is not too far from how we practice here in the states.

Optometry in South Korea, on the other hand, is quite different. Although practitioners of the profession (and it is a licensed profession in South Korea) are called "optometrists," their scope of practice is far from what we do here.

Despite a four-year professional program, optometrists in South Korea are limited to refraction—subjective refraction. No optometrist can pick up a retinoscope or use an autorefractor.

Nor can an optometrist examine for, or treat, disease.

And, no shortage of optometrists here; in a country of 43 million people, 40 schools of optometry have produced 30,000 licensed optometrists.

Despite the limited scope of practice, South Korean optometrists impress me in two ways:

First, they are incredibly dedicated to their profession. In fact, to be licensed, you must be a member of the Korean Optometric Association (KOA). That's right—all 30,000 optometrists in South Korea belong to the KOA.

Second, there is a passion burning in South Korea to raise the level of optometric practice to more closely emulate the North American model.

In my discussions with the KOA, I learned that the United States, with arguably the most advanced scope of optometric practice in the world, offers three visions for foreign optometrists.

First, our scope of practice encompassing comprehensive vision care and medical eye care is coveted by foreign optometrists.

Second, our educational model—with four years of undergraduate school followed by a four-year professional program— is something other countries are striving to achieve. And, when you add in more than 300 residency experiences and the graduate optometric education available in North America, you have an incredibly powerful education system for optometry.

Lastly, although complicated by differences in how laws are created from country to country, the political expertise of the AOA is something optometry in other countries wish to learn more about.

I came away from my experience in South Korea with the understanding that many optometrists admire American optometry and aspire to achieve the kind of scope of practice we all enjoy. We should never take for granted the level of responsibility, respect and reward that we have achieved here in this country.

What happens to optometry in ANY country affects optometry in EVERY country. The AOA stands head and shoulders above any other optometric organization in the world for our influence and what we have been able to achieve for our profession.

Dr. Alexander

My time in South Korea also instilled in me a new sense of obligation to help optometry expand and grow throughout the world. After all, there are countries where optometry is not even recognized.

What happens to optometry in ANY country affects optometry in EVERY country. The AOA stands head and shoulders above any other optometric organization in the world for our influence and what we have been able to achieve for our profession.

It is time for us to step up and help our brothers and sisters abroad as we strive for global recognition of our great profession.

Kevin L. Alexander OD, PhD

Correction

Maj. Gen. Ronald D. Silverman, the commander of the U.S. Army's 3rd Medical Command, holds a D.D.S. degree. His degree was incorrectly stated in the article, "OD's innovations help restore health care in Iraq," which appeared in the March 10 *AOA News*.

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Brooks files for AOA president-elect

Randolph Brooks, O.D., has filed for the AOA office of president-elect.

Dr. Brooks, currently the vice president, was first elected to the board in June 2000 and re-elected in 2003.

Dr. Brooks is chair of the Joint Board Certification Project Team and member of the Optometry Awareness and Public Affairs Committee. He has served on the Constitution and Bylaws Committee, as well as the Finance Committee.

As a member of the Advanced Clinical Competence Project Team, he served as chair from 2004-2005.

Dr. Brooks is currently serving as liaison-trustee to the Industry Relations Committee and has served as liaison trustee to the Sports Vision Section, Advocacy Group, Eye Care Benefits Center, and Federal Relations Committee.

Prior to his election to the board seven years ago, Dr. Brooks held a variety of volunteer appointments within the AOA.

In addition to serving several years on the Eye Care Benefits Center Executive Committee, Dr. Brooks was its chair in the 1999-2000 program year.

Dr. Brooks is a past president of the New Jersey Society of Optometric Physicians (NJSOP). In 1995 and 2000, NJSOP named him Optometrist of the Year.

Dr. Brooks is a graduate of the State University of New York at Albany and the New England College of Optometry and is also a fellow of the American

Academy of Optometry, of which he has been a member since 1984.

He has a private group practice in Ledgewood, N.J., and resides in Succasunna, N.J., with his wife, Bonnie, and has three sons, Doug, Larry, and Ryan.

Dr. Brooks' interests include flying, bicycling, fishing, and hiking.

Alexander to become immediate past president

Kevin L. Alexander, O.D., Ph.D., will assume the AOA Board of Trustee office of immediate past president.

Currently the AOA president, Dr. Alexander was first elected to the AOA's Board of Trustees in June 1999 and was re-elected in June 2000 and again in 2003.

As a member of the board, he served as liaison-trustee to the Congress Executive Committee and was a member of the International Affairs Committee. He was the chair of the Optometry's Summit Project Team.

Dr. Alexander has served as chair of the Finance Committee and as liaison-trustee to the Association of Schools and Colleges of Optometry and the National Optometric Association.

As a board member for the past eight years, Dr. Alexander has served as liaison-trustee to various AOA committees.

In addition, he chaired the AOA Summit on Continued Competence and the first Healthy Eyes Healthy People® Conference.

Dr. Alexander was a co-chair, along with AOA Immediate Past President Tommy Crooks, O.D., of the Optometry 2020 Summit. He also has been a member of the board's Journal Policy Review Committee.

Dr. Alexander has held a variety of volunteer appointments within the AOA. He is the principal author of the AOA Clinical Practice Guideline for Care of the Patient with Anterior Uveitis.

In addition, he has served a three-year term on the Accreditation Council on Optometric Education, which accredits schools and colleges of optometry.

Dr. Alexander is a past president of the Ohio Optometric Association. In 1989, the state association named him Ohio's Optometrist of the Year. He is a Distinguished Practitioner in the National Academies of Practice.

Dr. Alexander is currently the dean of the Michigan College of Optometry. He will serve as president of the Southern California College of Optometry effective July 1.

Dr. Alexander is married to Carol L. Alexander, O.D.

LETTERS

A valued lesson

Editor:

Just before New Year's, my husband, Mark, only 53 years old, suddenly passed away. He had not been ill and was so happy with his life, his family and his practice. I never once realized what life would be without my husband and friend, and I surely had no idea what I could ever do with his successful practice.

This letter to you is to express gratitude to the optometrists in Beaver Valley, Pa., for extending their helping hands during the transition between Mark's death and the sale of the practice on March 3 to Dr. Steve Holloway. Mark will be assured that the private compassionate practice he built will continue to exist under Steve's guidance and interest.

I could not have done this by myself. My deepest thanks go particularly to Dr. Bud Lilly of Beaver Falls for stepping in promptly to guide me in getting practice, equipment and building appraisals, for serving as an intermediary between prospective buyers and me, and for performing the actual negotiations and for arranging for the sale closing. And to do this without asking for any compensation.

Thanks also go to Dr. Irving Bennett for providing the practice appraisal, to Dr. Gary Havranek for arranging for doctors to work the practice for six weeks after Mark's death and to Dr. Rick Phillips for contacting banks for financing a prospective buyer.

Optometrists can learn a valued lesson from my experience. Prepare your spouses for the inevitable and keep them totally informed on what to do if a catastrophe strikes. Optometric societies can also learn a valued lesson from my experience. Devote time at one of your meetings to educate your members on how to handle the passing of an OD so that a speedy resolution to a bad situation can result.

Sue Moore
Ellwood City, Pa.

Editor's Note: AOA member Mark Moore, O.D., was a 1980 graduate of the Pennsylvania College of Optometry and had been in private practice in Ellwood City, Pa., for 25 years.

Board certified for over 20 years

Editor:

I continue to be astounded by discussions of the "need for board certification" in optometry. Those engaging in the discussion ignore the fact that many of us have been board certified for decades.

I, for one, have been board certified since around 1980 when I successfully sat for the National Boards parts I, II and III. Since that time a clinical segment has been added to measure patient examination skills. Add to that the Treatment and Management of Ocular Disease (TMOD) examination.

Fortunately, they ultimately found a way to merge with the National Board of Examiners in Optometry (NBEO). I submit we could build a house with all these "boards."

Are the above credentials "throwaways"? The time spent preparing for them and the exam fees paid certainly weren't. Why then do our opinion leaders discount our current "board-certified" status?

Do we really need more board certification? In the recent *AOA News*, AOA Vice President Randy Brooks, O.D., notes podiatry as having "three certification bodies, each with different criteria." Is this a model we wish to

see Letters, page 22


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NPI update

What to do when NPI claims are rejected

National Provider Identifiers (NPIs) have only been required in the primary provider identifier fields of Medicare Part B claims since March 1, but the U.S. Centers for Medicare & Medicaid Services (CMS) expects relatively few claims to be rejected this month for violations of the new identifier mandate.

"Providers have had over two years to acquire and test their NPI," CMS administrators noted in an e-mail bulletin last month. "Currently, most Medicare providers (and their claims clearinghouse vendors) are submitting claims that include their new NPI."

More than nine out of 10 Medicare provider claims were already being filed with NPIs prior to the March 1 deadline. Most of those were processed without problems, administrators say.

"We have had very few complaints from providers," CMS administrators noted in their e-mail.

However, some health care practitioners will experience claims filing problems, the CMS acknowledges, and when that happens, practitioners must know what to do.

Under the new mandate, NPIs are required in the primary provider identifier fields on all Medicare 837P electronic and CMS 1500 paper claims.

Until May 23, practitioners will be allowed to submit claims using the NPI as the sole form of numeric provider identification on the claims or as a part of a "pair" with a legacy identifier such as a Medicare provider number. After May 23, any Medicare claims bearing any provider identifier other than an NPI will be rejected.

CMS administrators believe most claims filing problems this month will occur when:

- Providers do not have NPIs
- Providers do not submit their NPIs on claims
- Provider have already received NPIs, but the NPIs are not consistent with the providers' enrollment information received by the Medicare payment contractor.

"When the claim is submitted, Medicare's computer systems will check to confirm that the claim includes an NPI. If there is no NPI, the claim will be rejected and the provider will receive an error message pointing to the lack of an NPI. If the provider has an NPI, the provider should make sure that the number is on the claim and resubmit the claim. If at that point the claim is again rejected, the provider should immediately contact the Medicare contractor to ensure that all provider records are correct before resubmitting the claim," CMS administrators advised. (For additional CMS advice, see box, page 8)

Contact information for all Medicare payment contractors can be found on the CMS Web site Medicare Learning Network General

See Claims, page 8

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President Bush signs 45th Save Your Vision proclamation

President George W. Bush has signed an official proclamation for the AOA's annual Save Your Vision observance – a tradition dating back to 1963.

The AOA initiated the Save Your Vision concept in 1924 with "Eyesight Conservation Week," which was observed during the last week in August. The name of the event was changed to Save Your Vision Week in 1927 when the observance was moved to February. It has been celebrated every year since.

In 1963, Sen. Hubert Humphrey of Minnesota and Rep. Claude Pepper of Florida introduced a joint resolution in both houses of Congress calling on the president to annually proclaim the first full week of March as Save Your Vision Week. Proclamations to that effect have been issued by every president since.

In 1973, actor Dick Van Dyke became the first in a series of celebrities to be named honorary chair. Others include newspaper columnist Erma Bombeck (1974), football star Alex Karris (1975), singer Bobby Goldsboro (1977), actor Charles Nelson Reilly (1978), the author of "Jaws," Peter Benchley (1979), and actor Bill Bixby (1981).

During the 1980s, the AOA and *Modern Screen* magazine issued the Most Distinctive Eye Award during Save Your Vision Week, with winners including Mikhail Baryshnikov, Carol Channing, Bette Davis, Goldie Hawn, Liza Minnelli, Suzanne Pleshette, Jane Seymour, Omar Sharif, Brooke Shields and Elizabeth Taylor.

During the same period, the AOA began observing the entire month of March as Save Your Vision Month. The AOA has placed emphasis on the observance of Save Your Vision Month since 2001. Over the past two decades, many governors across the nation have begun declaring Save Your Vision Month in their states.

However, the annual presidential proclamation still designates "Save Your Vision Week."

Proclamation 8222 of February 28, 2008

Save Your Vision Week, 2008

By the President of the United States of America

A Proclamation

Early diagnosis and proper treatment of eye disease can help preserve the gift of sight. During Save Your Vision Week, we encourage Americans to receive routine vision screenings and to understand the importance of keeping their eyes healthy and safe.

Today, millions of Americans live with some form of eye disease, such as glaucoma, corneal disease, macular degeneration, or diabetic eye disease. Individuals can help to avoid these diseases and maintain healthy eyes by following good eating habits, using appropriate protective eyewear, and maintaining a healthy lifestyle. Citizens should discuss with their physician the dangers of eye disease and see that their children are tested before their first year of school.

My Administration will continue to seek better ways to prevent and treat eye diseases. The National Eye Institute's website, www.nei.nih.gov, provides many resources to help Americans find information on eye disease and on where to find local eye-care professionals. By being proactive, Americans can help prevent vision loss and live healthier lives.

The Congress, by joint resolution approved December 30, 1963, as amended (77 Stat. 629; 36 U.S.C. 138), has authorized and requested the President to proclaim the first week in March of each year as "Save Your Vision Week."

NOW, THEREFORE, I, GEORGE W. BUSH, President of the United States of America, do hereby proclaim March 2 through March 8, 2008, as Save Your Vision Week. I encourage all Americans to learn more about eye care and eye safety and to take measures to help ensure a lifetime of healthy vision.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-eighth day of February, in the year of our Lord two thousand eight, and of the Independence of the United States of America the two hundred and thirty-second.

Interest in e-prescribing mandate shared by Congress and regulators

As part of a wider effort to bring greater efficiency and quality into today's health care system through the increased use of health information technology (HIT), the U.S. Department of Health & Human Services (HHS), Congress and health policy analysts have publicized the potential savings that electronic prescribing (e-prescribing) could provide—both in money and in lives.

This expectation has led to the introduction of incentive-driven legislation that would provide one-time payments for physicians to help offset implementation costs as well as ongoing bonuses for those using the new technology.

The Medicare Electronic Medication and Safety Protection (E-MEDS) Act of 2007 (H.R. 4296/S. 2408), recently introduced in Congress, would foster the adoption of e-prescribing technology by providing Medicare funding for payment bonuses to physicians who acquire and use the new equipment.

However, these incentives would cease Jan. 1, 2011, and would be replaced with a 10 percent reduction in fees for those physicians who fail to implement e-prescribing technology.

The AOA Washington office is working with the sponsors of this legislation to ensure optometry will be eligible for startup and continuing bonuses.

E-prescribing has received broad bipartisan support in Congress and from the Bush administration.

While administration officials have called for wider adoption of HIT to include electronic health records (EHRs), many Washington observers had thought that a larger effort would take longer to implement.

However, lawmakers are expected to include an e-prescribing mandate in a larger Medicare bill later this year in an effort to encourage greater adoption of HIT. The mandate would likely be intended as an offset for preventing scheduled cuts in Medicare physician payments.

Electronic prescription drug programs provide for the electronic transmittal of prescription information from the prescribing health professional to the dispensing pharmacy.

It provides formulary and coverage information —before a prescription is written — to better inform the patient and prescriber of all options available. E-prescribing can help to eliminate medical errors, injuries, hospitalizations, and death resulting from illegible prescriptions and harmful drug interactions.

In 2006, the Institute of Medicine (IOM) reported that more than 1.5 million Americans are injured every year by medication errors, most resulting from problems inherent in today's paper-based system.

The IOM recommended that all physicians create a plan to implement and use e-prescribing technology by 2010.

The National E-Prescribing Patient Safety Initiative (NEPSI), a coalition of health care technology and provider companies, offers a free e-prescribing application to every physician and prescriber in America at *www.nationalerx.com*. Other resources include RxHub (*www.RxHub.net*) and SureScripts (*www.surescripts.com*)

Optometrists should check with their EHR vendors to inquire if e-prescribing technology is included with their software package or if a stand-alone package is necessary. It is important to ensure interoperability and functionality between the EHR and e-prescribing technology.

The AOA Washington office will continue to monitor the progression of this and other legislation looking to mandate e-prescribing and provide updates to AOA members as they become available.

In 2006, the Institute of Medicine reported that more than 1.5 million Americans are injured every year by medication errors, most resulting from problems inherent in today's paper-based system.

Affiliated associations invited to send reps to membership rally

The AOA is assembling the organized optometry ranks to participate in the 2008 Membership Rally, to be held in Washington, D.C., on Monday, April 7 with arrivals on April 6.

The AOA will provide airfare and one night's stay at the JW Marriott Hotel for one membership representative (preferably the membership chair) from each affiliated optometric organization to attend. Affiliates are welcome to send additional representatives at their expense.

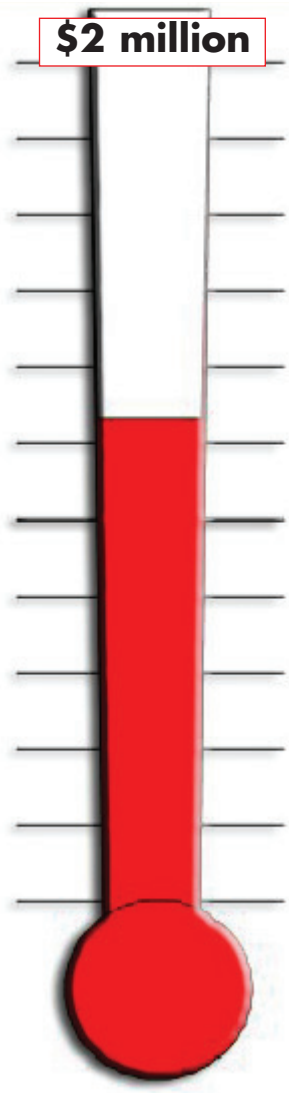
The 2008 Membership Rally is being held in advance of a planned year-long membership campaign, the "Drive for 65," during which AOA staff and volunteers will work with affiliates to develop and implement individualized membership recruitment campaigns to help reach national membership market share of 65 percent or greater.

The campaign will kick off at the 2008 Optometry's Meeting™ in Seattle. Prizes and other recognition will be awarded to individuals and affiliates for successful membership recruitment efforts. The Membership Rally will employ a "train-the-trainer" format to help membership chairs learn how to recruit and train a team of recruiters on ways to approach non-members and engage them in discussion about the value of membership in organized optometry.

Participants will also learn about recruitment strategies successfully employed by other affiliates.

The Congressional Conference begins in the late afternoon on Monday, April 7 and membership representatives who attend the rally are encouraged to remain in D.C. to participate in the Congressional Conference.

Contact the AOA Information & Member Services Group at 800-365-2219, or at *MemberServices@aoa.org*.



AOA-PAC is the only federal PAC committed solely to electing and re-electing pro-optometry candidates to Congress. While AOA-PAC is inching closer to the $2 million fundraising goal for the 2007-2008 election cycle, more progress will be needed to ensure that AOA-PAC is able to respond to increased political giving by groups with an anti-optometry federal agenda. Will you help AOA-PAC fight and win for optometry? Every AOA member can support AOA-PAC. Visit *www.aoa.org/x4827.xml* and click on "Donate Now!" to make a contribution.

Claims

from page 6

Information page (*www.cms.hhs.gov/MLNGenInfo*). Providers should select "Downloads" and then the file labeled "Provider Call Center Toll-Free Numbers Directory."

Medicare contractors expect to be able to handle all incoming calls, but some callers may experience extended hold times, CMS administrators acknowledge.

"The CMS is urging providers to be patient – their issues will be addressed," the agency e-mail emphasized.

CMS officials say they worked with carriers throughout February to prepare for any problems that might arise as a result of the NPI mandate. Medicare contractors are adding personnel to answer calls to their toll-free provider service telephone lines. The CMS held a training session with contractor call centers and CMS regional office staff last month to ensure they are able to address provider inquiries on NPI issues.

"Some rejections may occur because a (Medicare payment) contractor has not completed processing a provider's enrollment application, submitted by the provider to fix inconsistencies between a provider's NPI and Medicare's provider enrollment files," CMS administrators said.

"CMS has implemented temporary measures to allow the Medicare contractors time to address some of the backlog issues, but at some contractors, more work is needed," administrators added.

Based on past experience, the CMS believes as few as 0.1 percent of Medicare health care practitioners' claims will be rejected as the result of missing NPIs, with perhaps another 1 percent to 12 percent of NPI-bearing claims rejected for other reasons.

During January, 91.3 percent of claims processed by Medicare carriers and 88.5 percent of claims processed by the Medicare administrative contractors who handle durable medical equipment claims were submitted with an NPI or an NPI/legacy pair in the primary provider identifier fields.

During January, 91.3 percent of claims processed by Medicare carriers and 88.5 percent of claims processed by Medicare contractors were submitted with an NPI or an NPI/legacy pair in the primary provider identifier fields.

If practitioners' claims mirror a trend set by institutional claims, nearly all will have NPI numbers this month, the CMS believes.

The CMS began requiring hospitals and other health care institutions to use NPIs on Medicare claims Jan. 1.

During December, just prior to that deadline, 90 percent of institutional claims had NPIs, the CMS notes. By last month, that jumped to 99.9 percent of institutional claims.

With the final May 23 implementation deadline now just two months away, the CMS is again urging health care providers to check their NPI and Medicare enrollment information to ensure both are accurate and up-to-date.

CMS administrators are also asking those practitioners who are successfully filing claims with NPIs and receiving payment to begin testing small batches of claims using only NPI numbers.

"Doing this testing now will allow time for any needed corrections prior to the May 23, 2008, deadline when claims must include the NPI only," CMS administrators said.

Steps for handling rejected claims

- Check your record in the National Plan and Provider Enumeration System (NPPES).
- Validate that the legacy identifier sent on the claim is reported in the provider/supplier's NPI Registry record. If the legacy identifier is not there, instruct the provider/supplier to add it.
- Validate that the Legal Business Name (if the provider/supplier is an organization) or the Legal Name (if the provider/supplier is an individual or a sole proprietorship) is correct.
- Validate that the correct Entity type was selected by the provider/supplier when applying for the NPI. Individuals obtain an NPI as Entity Type 1. Organizations obtain an NPI as Entity Type 2 NPI. (Note: If you enumerated through the EFI alternative, you should use the NPI Registry to check the content of the NPPES file. Make sure to have the Customer Service Representative at your Medicare contractor verify your TIN/EIN, as the NPI Registry does not list this information.)

- If these claims are still rejecting, call your Medicare Contractor.

Have a copy of the NPPES record in hand. A copy of the NPPES record can be obtained online at *https://nppes.cms.hhs.gov* . The Employer Identification Number or Social Security Number will not be shown on this printout.

Have the claim reject number and message.

Be prepared to give the following information:

- Legal Business Name of the organization
- Contractor Tracking Number (if known)
- Approximate date (month/year) when the 855 enrollment application was submitted
- Provider/Supplier Tax Identification Number or Social Security Number (SSN)
- National Provider Identifier (NPI)
- Medicare legacy Identifier
- Practice location on claim (i.e., where the practice is located (e.g. 100 Main St. New Orleans, La.)
- Contact Information where Provider/Supplier can be reached if further discussion is needed

Some services still stripping NPIs

Despite repeated warnings from the CMS over recent months, some claim filing services and clearinghouses continue to strip NPIs and other information from Medicare claims – a practice that will result in claim rejection, according to the agency.

"If your clearinghouse continues to strip your NPI from your claims for any reason, notify your Medicare (payment) contractor immediately so that CMS can work with your clearinghouse to resolve the issue," CMS officials said in a e-mail bulletin.

In some cases, according to the CMS, clearinghouses are stripping the SY qualifier, [indicating the use of a Social Security Number (SSN) on a claim], as well as the Social Security Number itself, from claims that contain an NPI.

"SY" was designated an acceptable qualifier for use on Medicare claims under Medicare business requirement 4320.17, which was outlined to Medicare carriers in Transmittal 204 on Feb. 1, 2006.

"You should share this information with your clearinghouse if you suspect they are stripping the SY qualifier and the SSN from your claims," the CMS advised.

Verifying NPPES data

CMS administrators also said they continue to encounter "a significant number of instances" in which either the legal business name (LBN) and/or employer identification number (EIN) of an organization health care provider, who has been assigned an NPI, does not match Internal Revenue Service (IRS) records.

In some cases, individual health care providers who erroneously applied for NPIs as organizations reported their Social Security Numbers in the EIN field.

"As a first step to improving the quality of information in the National Plan and Provider Enumeration System (NPPES), we are requesting that organization health care providers verify their LBN and EIN within NPPES. This is especially important if the organization health care provider is experiencing any Medicare claims processing issues," CMS administrators advised.

FTC issues antitrust reality check in case against chiropractors who boycotted managed care plan

On March 5, the Federal Trade Commission (FTC) announced a 20-year consent order against two Connecticut chiropractic associations for engaging in a group boycott of American Specialty Health (ASH).

The order was filed against the Connecticut Chiropractic Council (CCC) and the Connecticut Chiropractic Association (CCA) as well as the legal counsel of the Connecticut Chiropractic Association.

American Specialty Health is a managed care plan benefits administrator that offered a chiropractic cost-savings program to insurers such as Anthem Blue Cross Blue Shield of Connecticut, CIGNA Healthcare, and Empire Blue Cross Blue Shield, among others.

"Antitrust authorities sent a clear warning in this case that they will not tolerate actions that members of some associations keep clamoring for their associations to undertake," said AOA General Counsel Lance Plunkett, J.D. "As can be seen from the facts of the case, emotional statements by members exhorting their associations to 'unite and do something' can prove disastrous."

The recent Connecticut case strikes very close to home for many health care professional associations in terms of the anger that their member health care professionals bear toward the managed care delivery system, Plunkett said.

"Managed care has certainly been no panacea for the effective delivery of health care, and its model of offering discounted fees has not been demonstrated to be more effective in providing access to care than a fee-for-service system," he noted. "Any number of health care professionals might have felt similarly as the chiropractors felt in this FTC case about ASH. But when feelings get translated into the wrong words and actions, legal disaster can result."

According to FTC documents, ASH was a very successful company that insurers/payers like Anthem, CIGNA, and Blue Cross Blue Shield used to manage their benefit plans because ASH was able to reduce the overall costs.

The purpose of the ASH program was to improve the efficiency, increase the quality, and reduce the cost of providing chiropractic care to the payers' enrollees.

Under the ASH program, payers delegated the management of chiropractic services and benefits for their enrollees to ASH. ASH contracted with chiropractors to provide chiropractic services to the payers' enrollees under the cost-savings program.

In addition to its chiropractor network, ASH administered chiropractic benefits, including utilization management, credentialing, claims processing, and other management services, for payers under the program.

"One thing was very clear," Plunkett said, "ASH offered significantly discounted reimbursement rates to chiropractors who signed up for their plan."

Individual chiropractors and chiropractic group practices contract with payers of health care services and benefits, including insurance companies, managed care organizations, health care benefits organizations, and others, to establish the terms and conditions, including price terms, under which the chiropractors will render their professional chiropractic services to the payers' enrollees.

Chiropractors and chiropractic group practices entering into such contracts often agree to accept lower compensation from payers in order to obtain access to additional patients made available by the payers' relationship with the covered individuals.

These contracts may reduce payers' costs and enable them to lower the price of insurance or of providing health benefits, thereby resulting in lower health care costs for covered individuals.

Unless there are illegal anticompetitive agreements among them, otherwise competing chiropractors and chiropractic group practices unilaterally decide whether to enter into contracts with payers to provide services to individuals covered by a payer's programs, and what prices and other terms they will accept as payment for their services pursuant to such contracts.

The FTC charged that the two chiropractic associations altered the normal situation by entering into combinations and agreements to prevent ASH from doing business effectively in Connecticut.

The FTC charged that the CCA, CCC, and the legal counsel for CCA engaged in a campaign, through meetings and other communications, to encourage and assist chiropractors in Connecticut to boycott ASH.

Among other things, the FTC charged that the CCA and CCC urged their respective members and other chiropractors licensed in Connecticut to "take a stand and resign" from ASH, that the communications conveyed the message, "united we stand, divided we fall," and that during meetings and through other communications, CCA and CCC chiropractors discussed with each other their dissatisfaction with ASH's price terms and utilization management requirements for chiropractic services.

The FTC further charged that the chiropractors repeatedly incited each other to unite in their fight to defeat the ASH program through communications that includ-

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The consent order forbids the associations from engaging in all of the following:

- Entering into, adhering to, participating in, maintaining, organizing, implementing, enforcing, or otherwise facilitating any combination, conspiracy, agreement, or understanding between or among any chiropractors with respect to the provision of chiropractic services:
  1. to negotiate on behalf of any chiropractor with any payer;
  2. to deal, refuse to deal, or threaten to refuse to deal with any payer; or
  3. regarding any term, condition, or requirement upon which any chiropractor deals, or is willing to deal, with any payer, including, but not limited to, price terms;
- Requesting, proposing, urging, advising, recommending, advocating, or attempting to persuade in any way any chiropractor to deal or not deal with a payer, or accept or not accept the terms or conditions, including, but not limited to, price terms, on which the chiropractor is willing to deal with a payer;
- Exchanging or facilitating in any manner the exchange or transfer of information among chiropractors concerning any chiropractor's willingness to deal with a payer, or the terms or conditions, including price terms, on which the chiropractor is willing to deal with a payer;
- Continuing a formal or informal meeting of chiropractors after any person makes any statement concerning one or more chiropractors' intentions or decisions, that if agreed to would violate the above paragraphs, "unless Respondents immediately eject such person from the meeting;"
- Attempting to engage in any action prohibited by the above paragraphs; and
- Encouraging, suggesting, advising, pressuring, inducing, or attempting to induce any person to engage in any action that would be prohibited by the above paragraphs.

"These terms are quite restrictive and are an excellent indication of the low level of tolerance the FTC has for such activities in general," AOA General Counsel Lance Plunkett, J.D., said. "A similar case was brought by the FTC against Puerto Rico optometrists in July of 2007 for trying to raise the prices of a managed care plan there."

"Optometrists need to be vigilant. There are lots of people out there who would like to lead optometry into an antitrust trap, and it is up to every optometrist to be smart enough to resist the temptation."

3 months and counting...

By Kirk Smick, O.D., Optometry's Meeting™ Continuing Education Committee Chair

Come June 25-29, it's all about education in Seattle. We have something for new practitioners and students, as well as the experienced OD, office personnel, technician, and paraoptometric. Come and learn at the 2008 Optometry's Meeting™.

The OD program begins in the afternoon on Wednesday, June 25 and is packed with education courses through Sunday, June 29. ODs can choose from a wide array of cutting-edge courses featuring some of the most prestigious lecturers in optometry.

With more than 160 hours of available education, including 20 hours of complimentary education thanks to our generous sponsors, the OD program is sure to meet your continuing education needs.

One highlight of the OD program will be a new three-course series on Saturday that will answer all of your billing and coding questions. Courses will cover topics such as understanding the general principles of coding, deciding when to switch from vision to medical insurance, dealing with denials, making sense of modifiers and specialty coding and understanding accounts receivable.

ODs, don't forget to bring your paraoptometrics and office personnel to Optometry's Meeting™. Your paraoptometrics and staff will learn amazing new techniques and lessons for their professional growth that will enhance your practice.

The paraoptometric program kicks off on Thursday, June 26, with Certified Paraoptometric Assistant (CPOA) and Certified Paraoptometric Technician (CPOT) review courses and a Medicare review course. These courses offer some of the skills and information that work experience itself may not provide. The program continues on Friday, June 27 and Saturday, June 28 with each day offering three outstanding tracks to choose from.

In true American Optometric Student Association fashion, the student program is guaranteed to offer benefits such as continuing education, practice management pearls, and networking opportunities in a relaxed and interactive atmosphere. The education includes the always popular National Board of Examiners in Optometry review courses and a two-part series that will help students "crack the code" of medical coding. Get the most out of your meeting experience by attending these courses that will offer important information that will benefit future optometrists.

You'll find education around every corner at Optometry's Meeting™, even in the Exhibit Hall. From education theaters and seminars to labs and networking opportunities, you will walk away from Optometry's Meeting™ with new ideas or maybe even a new perspective.

It's all up to you. Come join us at the 111th Annual AOA Congress & 38th Annual AOSA Conference: Optometry's Meeting™. Visit *www.optometrysmeeting.org* for complete information and to register today!

CE and celebration to cap Optometry's Meeting™

From the Closing Breakfast Symposium to the Presidential Celebration, everything on Saturday will be super at Optometry's Meeting™ in Seattle.

Attendees can join Bausch & Lomb for the Saturday Morning Breakfast Symposium from 6 a.m. to 7:30 a.m.

The symposium will feature great food and free continuing education (CE).

The CE, **"Therapeutic Advances in the Treatment of Ocular Surface Inflammatory Disease,"** course #B301, will provide the participant with an understanding of the inflammatory process, predisposing factors and tools to effectively manage these conditions. (Lecturers: P. Karpecki, O.D.; S. Pflugfelder, M.D.)

TLC Vision is sponsoring the Saturday General Education Day, including course #3008, **"Handling Patients with Unexpected Results from Refractive Surgery,"** from 8 a.m. to 10 a.m. The course will cover how to manage the complex refractive surgery patient. (Lecturers: J. Potter, O.D.; B. Tullo, O.D.)

Bausch & Lomb is sponsoring **"Grand Rounds in SiHy: Vision, Comfort, and Ocular Health,"** course #3208, from 8 a.m. to 10 a.m. (Lecturer: K. Kersick, O.D.) The course will cover examples of fitting analysis and application of specialty silicone hydrogel lenses through a variety of case presentations.

The Michigan College of Optometry is sponsoring **"Advanced Primary Care Procedures,"** course #3308, from 8 a.m. to 10 a.m. (Lecturer: P. Walling, O.D.) The course will use slides and video clips to better familiarize the participant with procedures such as gonioscopy, posterior pole fundoscopy, conjunctival concretion removal, punctual occlusion and injectable medication.

TLC Vision is sponsoring **"Presbyopic Corrections in Refractive Surgery,"** course #3010, from 10 a.m. to noon. (Lecturer: S. Black, O.D.) The course will discuss various presbyopic refractive surgery options including monovision, multifocal LASIK corrections, conductive keratoplasty, scleral implants and multifocal intraocular lenses.

Bausch & Lomb is sponsoring **"Expert Consensus in the Management of Ocular Surface Disease: What the DEWS Report and ITF Guidelines Mean to Your Practice,"** course #3210, from 10 a.m. to noon. (Lecturers: P. Karpecki, O.D.; S. Pflugfelder, M.D.) This course will cover inflammatory pathogenesis, predisposing factors and new modes of treatment for dysfunctional tear syndrome or dry eye condition.

Vistakon Pharmaceuticals is sponsoring **"Understanding the New Antibiotics I and II,"** course #3410, from 10 a.m. to noon. (Lecturer: M. Hom, O.D.) This course will look at proper prescribing practices, patient issues, the antibiotic arms race, contact lens wear, dermatologic conditions, bacteria and microbial keratitis strategies.

TLC Vision is sponsoring **"Is Your Patient a Candidate for Refractive Surgery?"** course #3014, from 2 p.m. to 4 p.m. (Lecturers: S. Black, O.D.; J. Owen, O.D.; J. Potter, O.D., MBA; B. Tullo, O.D.) The course will outline current thinking on selecting the best candidates for refractive surgery based on principles used by TLC Laser Eye Centers.

The Ohio State University College of Optometry is sponsoring **"The Dry Eye Recipe Book: Clinical Applications of Consensus Panel Reports"** course #3314, from 2 p.m. to 4 p.m. (Lecturer: K. Nichols, O.D., Ph.D., MPH) The course will provide clinical case examples highlighting the similarities and differences in the recommended dry eye management plans.

After the CE courses, attendees won't want to miss "Tonight Show" host and comedian Jay Leno at the HOYA-sponsored Presidential Celebration on Saturday, June 28 at 8 p.m.

Registered guests of Optometry's Meeting™ are also invited to this private event. Make sure attendees and guests are registered for #0380 for admission ticket(s).

Space is limited and tickets will be required, no exceptions.

The Grooveline, a musical tribute band to the '70s and '80s, will perform following Leno.

Registration and housing for Optometry's Meeting™ is now open. For more information, visit *www.optometrysmeeting.org.*

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Seattle

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- Microbrew Mania in the Exhibit Hall on Friday
- The Varilux Optometry Super Bowl XVII on Thursday, where optometry schools compete for academic supremacy
  Sponsored by Essilor
- Presidential Celebration on Saturday night featuring Jay Leno
  Sponsored by HOYA

Registration is only $125 for AOA Members and $50 for AOSA Members.

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Seattle,

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ments to help them provide the most up-to-date care for their patients.

On Thursday, June 26, the theater will feature **"Current Trends in Contact Lens Materials, Design and Modality,"** sponsored by CooperVision from 4:30 p.m. to 4:50 p.m.

This presentation will cover new designs and materials that enable the practitioner to take advantage of current trends in fitting contact lenses and will address challenges regarding contact lens surface properties, changing demographics, compliance and patient health concerns.

Later Thursday evening, Alcon will sponsor **"A New Option in Management of Dry Eye Disease"** from 5:30 p.m. to 5:50 p.m.

This showcase will introduce the latest technology designed for the dry eye patient and feature options for management of dry eye disease that are much more sophisticated after years of research and development.

Friday morning, the New Technology and Product Showcase Theater will feature **"Freeform and You: Shamir Autograph® and Direct Lens Technology®,"** sponsored by Shamir Insight from 11:30 a.m. to 11:50 a.m.

The presentation will showcase the Shamir Autograph family of individually back-surface-designed lenses, which include a patient's personal attributes in the design to provide a customized progressive addition lens.

Friday afternoon, Vistakon® is sponsoring **"The Latest in Toric Technology"** from 12:30 p.m. to 12:50 p.m. in the theater.

An experienced practitioner who participated in a recent field trial involving hundreds of astigmatic patients will provide the latest scoop on a new innovation in toric technology coming soon.

Vistakon® is also sponsoring **"Mythbusters: Myths vs. Reality When Fitting Kids in Contact Lenses"** from 1:30 p.m. to 1:50 p.m.

A leading expert on fitting pre-teens in contact lenses will take on common myths about fitting children 12 and younger using tips from practice and data from the Contact Lens in Pediatrics (CLIP) study.

The New Technology and Product Showcase Theater is located in the Optometry's Meeting™ exhibit hall in booth #1700.

Between sessions in the new theater, visit the more than 200 ophthalmic companies who support optometry.

Register for Optometry's Meeting™ at *www.optometrysmeeting.org.*

Send letters to:
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AOA News reserves the right to edit letters submitted for publication.

New AOA Visual Impairment CPG reflects growth, development in LV

The new Second Edition of the AOA Optometric Clinical Practice Guideline on Care of the Patient with Visual Impairment (Low Vision Rehabilitation) reflects growth and development in the field of low vision rehabilitative care – starting with the name, according to Kathleen Fraser Freeman, O.D., the guideline's principle author.

"The name of the guideline has been changed to reflect the current terminology that has been developed and is commonly used in the health care arena," Dr. Freeman said. "Diagnoses and referrals for care of 'visual impairment' are common among medical doctors. The name change reflects the terminology being commonly used by other health care professionals."

"However, we kept 'rehabilitation' in the title to emphasize that is what optometrists provide for visually impaired patients: rehabilitation," she added.

Officially released last month following a regularly scheduled 10-year review, the AOA practice guideline (initially released in 1997 as Care of the Patient with Low Vision) has been updated in light of a growing population of visually impaired patients, growing demand for rehabilitation services for visually impaired individuals, new approaches to treatment, and increasing acceptance of vision rehabilitation among other health professions and insurers.

Although estimates vary, there are approximately 10 million blind and visually impaired people in the United States, and that number is expected in increase rapidly with growth in the nation's over-65 population in the coming years.

The revised guideline includes a new AOA-approved, formal definition of low vision rehabilitation, which was developed by the AOA Low Vision Rehabilitation Section, to concisely explain (for health care providers and insurers) exactly how vision rehabilitation services can benefit visually impaired patients.

In line with the World Health Organization's (WHO) internationally recognized disease classification system, the guideline also outlines new approaches to the classification of visual impairment, based on not only visual acuity and visual field, but a functional assessment of the patient.

The approach is outlined in anticipation of the eventual implementation of the WHO's Ninth Revision of the International Classification of Disease Code Set (ICD-10), International Classification of Functioning, Disability and Health (ICF) in the United States.

With the Social Security Administration (SSA) now recognizing optometrists as "acceptable medical sources" for "medically determinable (visual) impairment," the guideline also outlines how to determine legal blindness under Social Security.

While the SSA previously required Goldmann perimetry for the determination of visual impairment or legal blindness due to visual field loss, it now accepts results from automated static perimeters (such as the Humphrey field analyzer), the guideline notes.

The revised guideline is based on an extensive literature review, conducted by the International Library, Archives, and Museum of Optometry (ILAMO), reflecting the rapid growth in research on visual impairment and low vision rehabilitation over the past 10 years, Dr. Freeman said.

As a result, the guideline includes an updated and greatly expanded reference section that optometric organizations may find useful in documenting, for third-party payers and other health care disciplines, the nature of the problems experienced by visually impaired patients and the efficacy of low vision rehabilitation.

The new Second Edition of the AOA Optometric Clinical Practice Guideline on Care of the Patient with Visual Impairment (Low Vision Rehabilitation) (CPG14) can be accessed on the AOA Web site Optometric Clinical Practice Guidelines Page (*www.aoa.org/OCPG.xml*).

Minnesota OD catches up with young patient, notes significant improvement

Gina Wesley, O.D., a Minnesota InfantSEE® provider, reconnects with 17-month-old Jonas at a follow-up visit six months after his InfantSEE® assessment.

Jonas' parents had noticed his left eye turning toward his nose when he was tired and reported a strong family history of amblyopia.

When Dr. Wesley examined Jonas, she did not find any apparent strabismus, but did note a difference in visual acuities with the Lea paddles.

Jonas' left eye was not seeing as well as his right.

There was also a difference in refractive error during cycloplegic retinoscopy.

His right eye was +2.50 and his left eye was +4.50.

Due to the strong family history of amblyopia as well as the anisometropia and suspected eye turn, Dr. Wesley prescribed spectacles (+2.00 OD, +4.00 OS) for full-time wear and scheduled a follow-up in six months to monitor visual acuity.

Dr. Wesley reported that Jonas' mother was crying at the end of the visit because she felt bad, but was grateful that Dr. Wesley had caught this early.

Jonas' grandmother also accompanied them on the visit and stated she wished her children's vision could have been helped by a program like this.

At the follow-up visit, Jonas' vision had improved in the left eye and was equal to the right eye. His parents stated they had noticed the left turning less than before and that Jonas was doing really well in the spectacles (unless the other day care children were playing with them).

2nd World Conference of Optometric Globalization

The Second World Conference of Optometric Globalization (WCOG2) will convene April 11-13 in London, according to the World Council of Optometry (WCO) and the European Council of Optometry and Optics, which are hosting the meeting with Britain's College of Optometrists.

"WCOG2 has been designed to appeal to leaders from professional organizations, governmental agencies, ophthalmic industry, regulatory boards, educational institutions, accreditation agencies, public health organizations and non-governmental organizations throughout the world," according to conference organizers.

AOA President Kevin L. Alexander, O.D., Ph.D., AOA Immediate Past President C. Thomas Crooks, III, O.D., and AOA Executive Director Michael D. Jones, O.D., will represent the AOA at the conference.

The conference will center around five sessions addressing the political, humanitarian and economic considerations related to the development of effective, efficient policies and delivery care systems that improve visual health.

More can be found online at *www.worldoptometry.org*.

OGS appoints Connors chair

Optometry Giving Sight appointed past AOA president Victor Connors, O.D., chair of the global fundraising organization's National Committee in the United States.

Dr. Connors is a member of Optometry Giving Sight's Global Board and the immediate past president of the World Council of Optometry. He is also a past president of the Wisconsin Optometric Association.

"Dr. Connors is a passionate leader in optometry and the prevention of blindness," said Brien Holden, D.Sc., Ph.D., deputy co-chair of Optometry Giving Sight. "I've known Vic for 20 years and have witnessed his strength under pressure and tireless leadership to grow the profession of optometry and help those who are less fortunate."

Dr. Connors replaces Barry Weiner, O.D., who has served as co-chair with Prof. Holden since 2005. Both will now become deputy co-chairs.

"Barry has done a fantastic job in leading the organization's growth and outreach to optometrists, professional associations and industry since our establishment in the United States in 2005," said Prof. Holden. "He has laid some fantastic groundwork for our new chairman, whose record of achievement and leadership in optometry will be a tremendous asset to the organization."

Dr. Connors said he was excited at the prospect of helping the organization to meet its goals over the coming years, as these would include funding for projects that would screen more than 5 million people by 2009 and provide training and infrastructure development in communities that lack access to basic vision care services.

"I look forward to working with all my colleagues in the optometric community to bring sight – and hope – to people in need," said Dr. Connors.

Dr. Connors is a native of Woneoc, Wis., and a graduate of the Illinois College of Optometry. Dr. Connors practices in Middleton and Madison, Wis.

For more information, *visit www.givingsight.org.*

VSP appeals ruling on tax exemption

Vision Service Plan (VSP) Inc. is asking the full U.S. Court of Appeals for California's 9th Circuit to review the ruling of a three-judge panel that found the vision plan does not qualify for a federal tax exemption based on its social welfare activities.

VSP planned to file a motion for review March 14 (as this issue of *AOA News* was being prepared for press), according to a company spokesman.

In its Jan. 30 ruling, the three-judge appeals court panel upheld the decision of a trial court that found that VSP does not qualify for a tax exemption under Section 501(c)(4) of the Internal Revenue Code.

Section 501(c)(4) provides tax exemptions for civic leagues or organizations that are not organized for profit but operated exclusively for the promotion of social welfare. The exemption applies so long as "...no part of the net earnings of such entity is used to the benefit of any private shareholder or individual," according to the tax code.

Examples of 501(c)(4) organizations include the American Association of Retired Persons.

In its two-page, unpublished ruling, the three-judge appeals court panel sided with the Internal Revenue Service and affirmed a December 2005 federal trial court decision that found VSP did not qualify for exempt status as a social welfare organization under Section 501(c)(4) because VSP was not operated exclusively for the promotion of social welfare.

Although VSP provides some public benefits, "they are not enough" to classify VSP as an entity that is "primarily engaged in promoting the common good and general welfare of the community," the panel ruled.

VSP is now asking for an "en banc" review under which all nine of the appeals court's judges would review the decision of the three-judge panel.

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CA #0633005

Reform

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The AOA Advocacy Group warns a pending reform package could not only permanently shield health care providers from massive, across-the-board Medicare reimbursement cuts — a longtime AOA objective — but could also usher in a new era of "value-oriented" health care purchasing and permanently change the way health care providers are reimbursed.

Medicare, Medicaid, and SCHIP Extension Act of 2007, lawmakers deferred cuts in payments for only six months — a first. The shortened extension was intended to give Congress time to develop legislation to permanently reform the Medicare payment system during the first half of the 2008 legislative calendar.

The AOA Advocacy Group is monitoring Medicare payment reform legislation recently sent to Congress as a result of the "Medicare trigger," a provision included in the Medicare Modernization Act (MMA) of 2003. For the second year in a row, the Medicare trustees have projected that general revenues will exceed 45 percent of the total Medicare spending within a seven-year timeframe (2013).

This prompted the Medicare trustees to issue a "Medicare funding warning," which requires the president to respond through proposed legislation submitted to Congress.

The MMA also stipulates that the "trigger" legislation is subject to an expedited legislative process under which House or Senate members can call the bill to the floor if it has not been voted out of committee by a specified date.

The Bush administration's legislative proposal, the Medicare Funding Warning Response Act of 2008 (S. 2662, H.R. 5480) was introduced Feb. 25 and proposed a three-step program involving value-oriented health care purchase, health care tort reform, and means-tested premiums for the Medicare Part D prescription drug coverage program to stabilize Medicare trust funds.

However, the AOA Advocacy Group warns, while the pending Medicare payment reform package offers some potential to permanently shield health care providers from massive, across-the-board Medicare reimbursement cuts — a longtime AOA objective — it could also usher in a new era of "value-oriented" health care purchasing and permanently change the way health care providers are reimbursed under Medicare.

The bill's section on value-based health care principles in Medicare includes specific provisions requiring:

- Implementation of a national system of interoperable electronic health records (EHR) for practitioners and personal health records for Medicare beneficiaries;
- Pricing and quality transparency programs to make information publicly available on prices, payments, and quality of care for providers, plans, and treatment options;
- Incentives for providers with a portion of the payments based on quality and efficiency of performance as measured against accepted standards.
- Publicly available data on provider performance as measured against those accepted standards

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FTC

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ed the following:

- "We all need to unite on this issue."
- "We must band together."
- "Get [ASH] out of this state!"

The FTC claimed that the actions of the chiropractic associations had the effect of restraining trade unreasonably and hindering competition in the provision of chiropractic services in areas throughout Connecticut in the following ways, among others:

- Unreasonably restraining price and other forms of competition among chiropractors;
- Increasing costs for chiropractic care;
- Depriving payers and individual consumers access to chiropractic services
- cost-savings programs; and
- Depriving payers and individual consumers of the benefits of competition among chiropractors.

The pattern of enforcement against health care professionals is consistent and increasing, Plunkett said.

"Optometrists need to be vigilant. There are lots of people out there who would like to lead optometry into an antitrust trap, and it is up to every optometrist to be smart enough to resist the temptation," he said.

"It is no easy thing to resist, because it taps into some serious emotional responses about one's livelihood. But the alternative of the FTC taking action is not attractive and is not an option."

Reform

from page 16

- Greater access to medical savings accounts for Medicare beneficiaries.

The bill also calls for the U.S. Department of Health & Human Services (HHS) to use and release Medicare data for quality improvement, performance measurement, public reporting, and treatment-related purposes to encourage greater comparison of health care options by patients.

The AOA Advocacy Group anticipates that a larger Medicare legislative vehicle will pass this year and extensive congressional debate on this issue will occur in the weeks leading up to the AOA Congressional Advocacy Conference—making optometry's largest and most significant annual federal advocacy event more relevant and timely.

Medicare payment reform will be one of the central issues during this year's conference, April 7-9 in Washington, D.C., just as lawmakers are expected to begin work on reform legislation.

"Next month's anticipated congressional debate could prove one of the most important events in Medicare's 40-year history," said Jon Hymes, AOA Washington office director.

"Lawmakers hope to not only change the Medicare reimbursement system but address the larger issue of overall fiscal stability for the government health program in the future," he said.

"As these and other proposals are considered further, AOA Keypersons and ODs from across the country will be asked to weigh in with their senators and representatives," Hymes noted.

Hymes urged AOA members to "stay tuned for more updates from optometry's team in Washington."

The AOA Advocacy Group will continue to update an alert on the AOA's online Federal Legislative Action Center, Hymes said.

AOA members can access legislative alerts and use a special e-mail system to contact legislators by visiting the AOA Web site "Doctors Center" page (*www.aoa.org/DoctorCenter.xml*) and, under the "Federal Advocacy" heading, selecting "AOA Legislative Action Center."

Dear AOA Member;

You have already taken a positive step toward experiencing the best optometry has to offer. By joining the AOA Contact Lens and Cornea Section (CLCS), you can take the next step to focus your interests and make your voice heard.

In 2007, the CLCS made several significant contributions to advancing the practice of optometry. In fact, we are proud to say that with the help of dedicated AOA staff and volunteers we:

- Lobbied Congress to correct deficiencies in the Fairness to Contact Lens Consumers Act (FCLCA) that could potentially put contact lens wearers at risk. In an attempt to correct the deficiencies in the act, and to protect the eye health of contact lens wearers, H.R. 2012, the Contact Lens Consumer Health Protection Act, was introduced.
- Helped inform more than 3,600 optometry professionals on new developments in refractive surgery, anterior segment disease, medical management of contact lenses, and glaucoma evaluations at Optometry's Meeting™.
- Distributed papers on the management of fungal keratitis and *Acanthamoeba* — each aimed at assisting in the guidance and clinical care of patients.

By joining the AOA Contact Lens and Cornea Section, you too can benefit from exceptional leadership and educational opportunities, professional and career advice, and clinical guidance to promote high-quality professional patient care in the areas of contact lens, refractive technologies and primary eye care advancements.

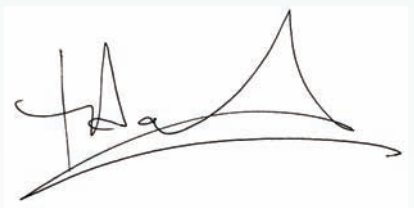
Additionally, you will receive:

- CLCS On-Line, a monthly e-newsletter – a primary educational and informational source of clinical care and industry updates
- Significant discounts from many contact lens and medical device vendors
- A CLCS member directory for networking, professional collaboration and patient referral
- Student Membership Grant and Student/Resident Research Award opportunities

Now is the time to seize the opportunity to support your profession, advance your career and share your interests. Contact Robin Risko by e-mail at *RRRisko@aoa.org* or by U.S. mail at 243 N. Lindbergh Blvd., St. Louis, MO 63141.

By joining the AOA Contact Lens and Cornea Section, you will set your career on a track to receive unlimited rewards.

Most Sincerely,



Ken Daniels, O.D.,
chair of the 2007-2008 Membership Committee, AOA CLCS

Louise A. Sclafani, O.D.
chair of the 2007-2008 CLCS Council, AOA CLCS

SVS offers athletes Eye Emergency Kits

AOA Sports Vision Section (SVS) Eye Emergency Kits for Athletes, donated by Alcon, Inc., are available for purchase. These kits are a true benefit for members to connect with coaches and athletic trainers in their area by offering them an Eye Emergency Kit for Athletes that will allow them to respond appropriately until the athlete can attain a vision professional.

The kits come complete in a nylon vinyl pouch with a business card holder and include the following items:

- **one bottle sterile eye wash solution**
- **one bottle contact lens disinfecting solution**
- **three contact lens cases**
- **informational sports-related ocular emergency triage card**

The kits are available at a discounted rate of $6 to SVS members and $10 per kit to AOA members. Prices include tax, shipping and handling. To order, download an Order Form from the AOA Web site, call the SVS office at (800) 365-2219, ext. 4224 or send your request to *SVS@aoa.org*.

SCO honors Steele, Fors

Southern College of Optometry (SCO) has honored two longtime faculty members and leaders in pediatric optometry and vision therapy with the establishment of a new scholarship.

The Glen T. Steele, O.D., and L. Allen Fors, O.D., Developmental Vision Endowed Scholarship Fund will reward deserving SCO students for academic success and a commitment to pediatrics and vision therapy in optometry.

The longest-serving members of the SCO faculty with the rank of professor, Drs. Steele and Fors are both 1969 SCO graduates.

In the 1970s, Dr. Fors helped establish Student Volunteers in Optometric Service to Humanity at SCO. Dr. Steele was instrumental in the creation of the AOA InfantSEE® program and frequently lectures on children's vision at the national and international levels.

"These doctors embody dedication," SCO President Richard W. Phillips, O.D., said. "I salute them and everyone who worked to make this new scholarship a reality."

For more information, contact the SCO Office of Institutional Advancement at 901-722-3216.

Call for SVS award nominations

The AOA Sports Vision Section (SVS) is seeking nominations from section members for the Annual SVS Awards, to be presented at Optometry's Meeting™ 2008 in Seattle, June 25-28.

The awards, and their criteria, are listed below:

- **Sports Vision OD of the Year:** This award recognizes an individual who has provided leadership and/or has made innovative, significant, or outstanding contributions to the field of sports vision and/or to the SVS.
- **Eagle Award:** The Eagle Award is presented to a non-optometrist who significantly promotes sports vision and vision training to the public.

Included among past recipients are Mark McGwire, Val Skinner, Picabo Street, football coach Vince Dooley and Brian Roberts, second baseman for the Baltimore Orioles.

- **Industry Appreciation Award:** This award is presented to an industry member who has demonstrated significant support of the SVS and its efforts to promote the profession of optometry and sports vision, as well as to educate consumers on the importance of protecting and caring for their eyesight and the enhancement of their vision skills.

Nominations may be made by any member of the AOA Sports Vision Section. Please include:

- A statement, not to exceed 1,000 words, indicating the primary reason(s) the nominee is deserving of the award
- Any supporting documentation, such as letters, news clippings, and/or other correspondence, to assist the judges
- Eagle Award and OD of the Year Award: please include a brief biographical sketch or CV/Resume.

Please send nominations no later than April 9, 2008, by mail to the SVS Awards Committee, AOA Sports Vision Section, 243 North Lindbergh Blvd., Floor 1, St. Louis, MO, 63141-7881, by e-mail to *SVS@aoa.org*, or by FAX to 314-991-4101.

Questions? Contact the SVS office at 800-365-2219, ext. 4208.

Candidates for SVS Council sought

The AOA Sports Vision Section (SVS) is seeking nominations for the following SVS Council offices: chair-elect, secretary, and two at-large council seats. All positions are for a two-year term.

Sports Vision Section members may nominate a candidate or himself/herself by mail. Nominations must be accompanied by a letter of intent to serve from the nominee.

The SVS nominating committee will recommend a slate of officers for the 2008-2010 program years prior to the section's annual meeting on Friday, June 27, 2008. Ballots will be mailed to SVS members who have voting privileges, in accordance with the SVS bylaws.

Council members attend two to three meetings each year, with the first in April and the second in conjunction with Optometry Meeting™ in June. In addition, the council may meet any time before the April meeting. Council members receive reimbursement for meeting-related travel, meals and lodging as outlined in the AOA Fiscal Policies and Procedures manual.

A nominee must be an AOA SVS member. Nomination materials should include:

- A letter of intent, not to exceed 1,000 words
- The nominee's qualifications (CV/Resume and any pertinent background materials)
- A statement indicating the council position sought

Please send this information postmarked no later than April 24, 2008 to:

AOA Sports Vision Section
Nominating Committee
243 N. Lindbergh Blvd., Floor 1
St. Louis, MO 63141-7881

Materials may also be e-mailed to *SVS@aoa.org* or faxed to 314-991-4101.

If you have questions or would like more information, contact Becky Mossman, SVS manager, by e-mail at *SVS@aoa.org* or by phone at 800-365-2219, ext. 4208.

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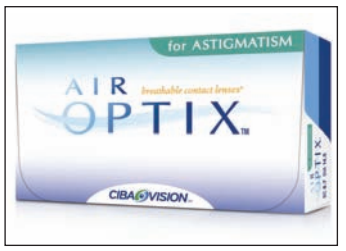
VSP Vision Care

VisionWeb

Industry Profile: CIBA Vision

With a focus on innovation, quality and strong partnerships with eye care practitioners, CIBA Vision is a global leader in the research, development and manufacturing of contact lenses and lens care products. CIBA Vision also shares eye care practitioners' passion for healthy vision and dedication to improving the quality of patients' lives around the world.



Air Optix™ for Astigmatism is CIBA Vision's latest innovative silicone hydrogel lens. With its breakthrough Precision Balance 8l4™ design, Air Optix™ for Astigmatism delivers excellent comfort and outstanding performance with 95 percent first-fit success[i]. The wide optic zone provides excellent visual acuity[ii] and ensures the lens fitting characteristics and axis orientation are consistent from patient to patient.

Additionally, 99 percent of Air Optix™ for Astigmatism lenses have acceptable or optimal fit at dispensing[i] and stabilize on the eye in just 30 seconds[iii], helping reduce chair time for the eye care professional and increase satisfaction for patients.

The lens also offers the highest oxygen transmissibility of any available soft toric lens and transmits up to seven times more oxygen than the leading low Dk/t hydrogel toric lens*– helping protect patients from the signs and symptoms of corneal oxygen deficiency for whiter, healthy-looking eyes.

The national launch for Air Optix™ for Astigmatism kicks off in mid-April, and the launch parameters are: base curve: 8.7 mm; diameter: 14.5 mm; sphere powers: plano to -6.00 in (0.25D steps)†; cylinder powers: -0.75D, -1.25D†; axes: around the clock in 10° increments.

† *The parameter range will be expanded in the months ahead.*

With the spring 2008 launch of Air Optix™ for Astigmatism, CIBA Vision is also introducing the Air Optix brand name in the United States, with a recommended monthly replacement schedule to encourage patient compliance. Moving forward, new products and product improvements to our family of silicone hydrogel lenses will be introduced under the Air Optix name in markets around the world.

A recommended monthly modality for the Air Optix family helps encourage higher patient compliance. Research shows a 56 percent patient compliance for those wearing monthly lenses, which is an increase of more than twice the compliance rate of one-to-two-week lenses[iv]. In fact, as few as 26 percent of patients wearing one-to-two-week disposable-type contact lenses are compliant with the recommended replacement schedule[iv]. Monthly replacement is easier for patients to remember. It also aligns modality with the reality of how eye care professionals prescribe lenses and how patients actually wear them.

Eye care professionals can confidently recommend a monthly replacement schedule for Air Optix for Astigmatism with research showing it sustains its performance throughout the monthly duration[v]. In a clinical trial, patients wearing the lens gave it high ratings for comfort and vision at both two and four weeks[v]. Additionally, lenses worn by patients showed no significant increase in front surface lens deposits between two and four weeks of wear[v].

CIBA Vision will continue to build upon its strong history of innovation to introduce exciting products that delight eye care professionals and contact lens patients.

* Air Optix for Astigmatism Dk/t = 108 @ -3.00D -1.25D x 180°
SofLens66 Toric Dk/t = 16 @ -3.00D -1.25D x 180°
i CIBA VISION data on file, 2005.
ii CIBA VISION data on file, 2005.
iii CIBA VISION data on file, 2006.
iv CIBA VISION data on file, 2005.
v CIBA VISION data on file, 2005.

Edward Paul, O.D., Ph.D., lead developer of TOZAL, expounds upon the results of the TOZAL study that indicate the nutritional supplement maintains or improves vision in many patients treated for macular degeneration. AmeriSciences markets the supplement through optometric practices.

New therapy may improve vision for AMD patients

AmeriSciences has announced the results of the Taurine, Omega-3 Fatty Acids, Zinc, Antioxidant, Lutein (TOZAL) study, which demonstrates the new therapy's ability to maintain or improve vision in patients with macular degeneration (AMD).

The TOZAL study, recently published in the British medical journal *BMC Ophthalmology*, is the first vitamin supplement to show improved vision in patients with dry AMD.

"Novel nutritional supplements provide new hope for patients with age-related eye health issues because we can now provide a benefit in vision for a significant number of patients," said Edward Paul, O.D., Ph.D., lead developer of the supplement used in the TOZAL study.

The TOZAL study results revealed that 57 percent of the subjects in the treated group improved at six months.

Nearly 77 percent of the treated group improved or stayed the same.

In comparison, the Age-Related Eye Disease Study (AREDS) showed that nutritional supplements reduced the progression in the treated group by 25 percent.

"TOZAL can be used not only to treat those with macular degeneration, but those at risk of developing macular degeneration," said Dr. Paul. "AREDS is, at this date, an outdated science. TOZAL is the next level."

Dr. Paul noted that AREDS II is under way, with results expected in five years.

The TOZAL and AREDS II formulations are similar, but not identical.

The AREDS II formulation does not include taurine, which is an amino acid that absorbs ultraviolet radiation and improves mitochondrial function.

The TOZAL supplement is distributed by AmeriSciences only through eye care practitioners' offices.

For more, visit *www.amerisciences.com*.

Jeffrey L. Weaver, O.D., AOA Clinical Care Group director, concurs that this supplement does show promise. However, he notes that this study had only 37 subjects (compared to 4,757 in AREDS) with a "placebo cohort constructed from the literature."

Optos starts awareness campaign in support of Save Your Vision Month

In recognition of the AOA's observance of Save Your Vision Month, Optos, a maker of retinal imaging devices, launched a North American effort to raise awareness of the need to have annual eye exams that include the optomap® Retinal Exam.

More than 800 Optos partners will participate in the effort.

"The Optos Save Your Vision Month observance is a great opportunity to promote the importance of regular eye exams that include the optomap® Retinal Exam and to provide state-of-the-art technology like the Optos P200 to our patients," said Gregg Ossip, O.D., Indianapolis, Ind. "At Ossip Optometry, we are committed to providing thorough retinal evaluations for our patients, and we are excited to have our practices support this important effort with the goals of raising the awareness of retinal health and imaging every patient during the month of March with the optomap® Retinal Exam. We have 11 of our locations supporting this effort."

Through regular screening and by capturing up to 82 percent of the patient's retina, the optomap® Retinal Exam helps doctors diagnose conditions such as diabetic retinopathy, glaucoma, and age-related macular degeneration at an earlier stage of progression, which enhances treatment regimes and patient outcomes, according to Optos.

"We are very pleased to support the American Optometric Association's observance and encourage patients to be proactive about eye health during Save Your Vision Month," said Tom Daniells, vice president, Marketing, Optos North America. "Annual eye exams that include the optomap® Retinal Exam are vital for people of all ages in terms of doctors being able to confirm patient health or detecting and intervening in disease at an earlier stage."

EMR*logic* releases new tool

At SECO International last month, EMR*logic* announced the launch of ClinicalManager, which streamlines data entry for users of OD Professional™ electronic health record (EHR) software.

"ODs want a breakthrough when upgrading to EHRs, and that's exactly what ODPro delivers," said James Grue, O.D. "ODs are disappointed with traditional solutions—they mostly move paper records to computer. These limited solutions take the doc longer, are harder to use, and cost too much. Why would you reduce productivity and increase costs to gain only marginal benefits in a new EHR system? We know we'll all be on EHRs soon, yet only ODPro gives us what we want now—easy, powerful and fast solutions that deliver better care and drive a better business."

OD Professional software incorporating ClinicalManager promotes active EHRs and provides information that leads doctors through the clinical decision-making process.

"Everything about OD Professional drives patient care," said Alistair Jackson, vice president of sales for EMR*logic*. "With PQRI now in its second year, pay for performance is roaring down the track, and EHRs are becoming the core of the modern optometric practice."

Rhonda Bruce, vice president of product management for EMR*logic*, demonstrates how OD Professional electronic health record (EHR) software leads optometrists through the clinical decision-making process as Alistair Jackson, vice president of sales, looks on at the EMR*logic* booth in the SECO exhibit hall in Atlanta last month.

"ClinicalManager drives the ODPro breakthrough by delivering an 'active,' Web-centric EHR solution—seamlessly integrating EHR-based clinical pathways into ActionManager, an unmatched workflow practice management system," said Jackson. "ClinicalManager streamlines data entry, and ImageManager automatically connects office instruments to EHRs and electronically connects outside the practice with a growing network of health care professionals, such as ophthalmologists and primary care providers. Our ActiveEHRs also feature a new dimension of clinical follow-up, PatientManager, with automated e-mail communications to drive patient compliance with the doctor's treatment plan. And significantly, it doesn't add another to-do item for already busy office staff."

For more information, visit *www.odprofessional.com*.

CIBA cycling event to benefit OGS

Optometrists are invited to join the CIBA Vision Cycle-4-Sight 2008 to be held May 5-9 in Napa Valley, Calif. The event will benefit Optometry Giving Sight and the 300 million people who are blind or vision-impaired due to refractive error.

CIBA Vision Cycle-4-Sight 2008 will accommodate up to 39 optometrists on amazing bike rides through the Napa Valley wine country, with stops at 15 vineyards over the course of the five-day ride.

The event also offers participants the opportunity to earn five hours of COPE-approved continuing education.

All participants in the ride are required to raise at least $1,000, either in sponsorships or as a personal donation to Optometry Giving Sight.

These funds will be directed to sustainable projects that give sight to people who are blind or vision impaired due to uncorrected refractive error.

"As the organizer of the Cycle-4-Sight event, I am excited and proud to be a part of this fundraiser for Optometry Giving Sight," said Kevin Roe, O.D., director of North America Professional Relations for CIBA Vision. "As a major corporate sponsor for Optometry Giving Sight, CIBA Vision recognizes and believes in the importance of bringing healthy vision to people all around the world. I felt that it was time to for me to walk - or ride - the talk and I encourage others to do the same. I guarantee it will be a tremendously rewarding experience."

Each morning of the trip will begin with one hour of COPE-approved continuing education.

Participants will then have the option of a challenging or gentle ride to a vineyard where the group will meet for lunch.

Bikes, helmets, water bottles and t-shirts are all included in the registration fee, and all rides are fully-supported by a ride leader and accompanying van.

"Participating in the Cycle-4-Sight for Optometry Giving Sight is a win, win, win," said Wilson Movic, O.D., from Bloomington, Ill., an early registrant. "Optometry Giving Sight receives support to continue their mission; our profession of optometry gets recognition for lending a hand; and I personally gain by earning COPE hours and meeting some of my colleagues, all while seeing beautiful Napa Valley."

Availability in the ride is limited and registration is on a first-come, first-served basis. For more information and to register, visit *www.givingsight.org* or e-mail *kevin.roe@cibavision.com*.

Letters

from page 4

emulate? Since when did the feet tell the eyes what to do? Should we add an additional credentialing body, optometry will also have at least three different bodies.

There are other strong objections to another credentialing process. There were some things taught in school and tested for on boards that have nothing to do with the day-to-day practice of optometry.

Case in point is the image of the penny on the bottom of the fish tank filled with 9 ¾ inches of salt water. That penny hasn't moved. Must I again calculate its virtual image? How does that help my patients? How does that prove my competence to deliver eye care? Perhaps in a "virtual" world it would, but that is not where I practice. So, who will oversee the new credentialing process to ensure it is clinically relevant?

The fact that this new "credentialing" process would be general with no sub-specialties anticipated is a slap in the face to all practicing optometrists and the schools that created them. How can another general credential benefit doctors who have become "sub-specialists" by their practice patterns?

The thought this new "certification" will make us more mainstream in the medical world is pointless. Those who currently discount our contribution will continue to do so regardless of our "certification" status. It is deceived wishful thinking to believe otherwise. This is casting pearls before swine. They will trash the new boards and then turn on us, figuratively of course.

There is a misconception that the new board is needed to demonstrate continued competence. Current re-licensure requires continuing education hours in every state. Some states even require attendees pass a test over the material presented in the CE courses. How is it that this current process doesn't demonstrate continued competence but a new board would?

This current CE process is so extensive and so regulated that separate governing bodies such as the Council on Optometric Practitioner Education (COPE) and monitoring services have arisen to help us keep track of it all.

State associations have meetings almost quarterly to provide these essentials. Regional meetings abound to fulfill our ongoing requirements. Quite a lucrative cottage industry has sprung up to help us "demonstrate continued competence" in our field.

Finally, if our current boards prove nothing in demonstrating our competence, how can a new board do so? The only way to really measure continued competence is to directly observe each of us as we deliver eye care to our patients at specific intervals of time. That would present a world of challenges.

The arguments presented by AOA President Kevin Alexander, O.D., Ph.D., for additional board certification include "expectation of quality" from savvy patients, medical mistakes, electronic medical records, and "pay for performance."

While each is a real concern, not one of them individually, nor the group as a whole, require a new boarding process. Optometrists and the state boards are currently adequately addressing each of these issues.

His recognition that practicing ODs do not want this should speak volumes. We don't want it because it is unnecessary and adds nothing of substance to our patient care. This new board is made for third parties to "prove our worth" and has nothing to do with real added value. Dr. Alexander needs new scouts.

Let's get off this "road to Abilene" before we waste more time and money. Rather, our leaders should spend this time and money educating third parties about our current comprehensive and fully adequate board certification process.

Howell Findley, O.D.
Lexington, Ky.

Editor:

As a member of the Joint Board Certification Project Team (JBCPT) and Executive Director of the National Board of Examiners in Optometry (NBEO), I have been asked to respond to Dr. Findley's letter.

It is your contention that having passed all three Parts of the National Board and subsequent additional sections (e.g., Treatment and Management of Ocular Disease) constitute "Board Certification." As a matter of National Board policy, this is not the case.

Similar to other boards for other professions, the purpose of the National Board Parts I, II, and III examinations is to assess the entry-level competence of candidates to enter into general practice. As such, the results of these examinations are used by all U.S. licensing boards largely to make initial licensing decisions immediately following graduation from the four-year professional academic program.

Several other health professions have established a formal board certification process. These programs all have requirements that exceed graduation from their respective academic programs and passing their corresponding entry-level national board examinations. For example, the American Board of Medical Specialties (ABMS) is comprised of 24 medical specialty boards. Eligibility for board certification primarily is based on completion of an accredited, multi-year clinical residency program. In addition, physicians also must pass rigorous examinations to complete their board certification requirements. Board certification is granted only after these requirements have been satisfied.

I appreciate that you share the profession's pride of the National Board's role in being the standard of entry-level assessment for the practice of optometry and the significant time, effort, commitment, and expertise that goes into developing the Part I, II, and III examinations.

As in all of the health professions, these entry-level examinations are designed specifically for licensure. Any meaningful board certification process would have to assess competence beyond the entry-level National Board assessment.

However, this use does not include a justification to bypass a credible post-licensure board certification process nor does it demean the importance of passing the National Board examinations.

Throughout its history, the National Board has strived to contemporize its exams. Based on recommendations of periodic external and internal assessments, the exams have undergone several major restructurings. The most recent upcoming examination restructure will occur in 2009-2010. This restructure further will enhance the clinical relatedness or "clinicality" of the exams, and the integration of exam content. The attainment of these objectives is based on changing the current three exam content outlines, which for Parts I and II are discipline- and topic-oriented, to a single three-part integrated exam content matrix that is based on those conditions diagnosed and managed in optometric practice.

In 1951, the profession astutely realized that a centralized National Board would provide a more reliable and effective means to develop standardized exams for the use of state boards in granting licenses. The state board, licensees, and the professional have significantly benefitted by this strategy of developing entry-level examinations.

Jack E. Terry, O.D., Ph.D.
Executive Director
National Board of Examiners in Optometry

Optometric board certification: What an emotional topic!

Editor:

I am president of the Ohio Optometric Association. When I am at meetings, many doctors want to discuss board certification. What has surprised me is how emotional everyone is regarding this issue.

I just wanted to let people know what I have found out regarding board certification.

A multi-organizational group is meeting to discuss and determine recommendations regarding board certification. Personally, I am neither for nor against board certification, because I don't have all of the information.

I do know that AOA Vice President Randy Brooks, O.D., chair of this committee, will listen to all concerns. I also know, based on multiple conversations I have had with Dr. Brooks, that he does not have a hidden agenda. Dr. Brooks cares about what is best for optometry.

As such, what I am for, is allowing the process to happen, listening to the recommendations that are determined by this multi-organizational committee, and then, when I have all the information, I will make my determination whether I am for or against board certification.

I think it is harmful to our profession to make a decision based on emotions and not facts.

Karen A. Riccio, O.D.
Columbus, Ohio

Send letters to:
Editor, AOA News
243 N. Lindbergh Blvd.,
St. Louis MO 63141
RAFoster@aoa.org
AOA News reserves the right to edit letters submitted for publication.

SHOWCASE

The Virginia Optometric Association's **Annual Convention and Middle Atlantic Continuing Education Conference** is being held June 6-8, 2008 in Richmond, VA. Email the VOA office at VOAEyeDocs@aol.com to receive registration materials.

Featured speakers include:

- William Townsend, O.D., of Canyon, TX
- Ron Melton, O.D., of Charlotte, NC
- Randall Thomas, O.D., of Concord, NC
- Murray Fingeret, O.D., of St. Albans, NY
- D.C. Dean, O.D., of Albuquerque, NM
- Leo Semes, O.D., of Birmingham, AL

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Central Maine. Busy multi OD/MD surgical practice has immed. opening for full and part time OD's for clinics. State of the art equipment Reliance Haag Streit, digital fundus and fluroscein, EMR, Stratus OCT, NIDEK Lasik, large optical shop and lab. Well staffed with trained techs. Salary, Bonus, 401k Medical. Voted top ten best places to raise a family in the US. EMAIL CV TO: ANDYDURK@YAHOO.COM

COLORADO. Practice for sale. A premier well-established practice grossing $1,700,000+ annually providing full scope of services with a medical emphasis. Highly desirable community. State of the art equipment. Up to 100% financing available. 800-416-2055

Central VA - Small city. Associate position leading to partnership. Residency trained or 2 years experience. Email vita with cover letter to advancedeyecare@hotmail.com

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Lakewood, Colorado This long standing and well established practice is located in a prominent professional building. The practice has an annual gross revenue of $320K with one 3x/week OD. There is significant potential for growth. Asking price is 198 K/ negotiable. If interested, contact Dr.George Pardos at (303) 377-2020.

Littleton, Colorado Grossing over $290K annually on part-time doctor's hours, this long standing and well-established practice is located in a pleasant residential community. It is visible and located on a busy street. There is significant potential for growth. Asking price is 193K/negotiable. If interested, contact Dr. George Pardos at (303) 377-2020.

"Live where you play!" Established Lakes Region of New Hampshire optometric practice for sale. Desirable location, priced for quick sale. Time to retire, general optometry, and large volume contact lens practice. Established for over 20-years in this area. Please reply to jdknee@netzero.com

Massachusetts
Optometry Opportunities - Greater Boston and South Shore HealthDrive is seeking caring Optometrists to join our group practice. We currently have a F/T & P/T opportunities available in the Greater Boston & South Shore area. We offer a flexible schedule (No Weekends), established patient base, full equipment, supplies and complete office support provided. If interested in this opportunity, please call MARIA (toll free) at 877-724-4410 or email caring@healthdrive.com.

Mt. Kilimanjaro: VOSH/PA Climb for Sight. Join a scheduled, non-technical, climb and safari in February or August (no ropes or climbing experience needed). Learn more including how your trip can be FREE at the Climb for Sight link at www.voshpa.org or contact Pete Skala at 415-839-8566. Proceeds benefit children in Guatemala in need of sight-restoring surgery.

New Hampshire - Practice for sale. Grossing $330,000, netting $150,000+ annually on 32 OD-Hours/week. Primary care and contact lens practice located in a great community. Retiring seller is available for transition assistance. 100% Financing. 800-416-2055

Optometrist Needed – Syracuse, NY
Empire Vision Center is seeking a full time or part time doctor. Along with an excellent compensation and a monthly incentive program, fulltime offers comprehensive benefits to include major medical, dental, 401K with employer % match, CE, malpractice, paid vacation benefit plus more. Part time position offers partial benefits. Contact Tom Ferris, VP Professional Services toll free at 1-877-446-3145, extension 7599 or e-mail tferris@davisvision.com

OPTOMETRISTS NEEDED NATIONALLY
LasikPlus has excellent opportunities for highly motivated and committed professionals seeking to enhance their career! We're currently looking for Optometrists in the following locations (but not limited to):
1. Indianapolis, IN
2. Norfolk, VA
3. New Haven, CT
4. Raleigh, NC
5. Other locations Nationwide

We offer a competitive salary and benefits package. To become part of our exciting team please reply to:
www.lasikplus.com
Email: employment@lca.com
PHONE : 1-866-763-3030
FAX: 513-792-5626

Pharma Sales Established pharma/device co. seeks independent reps for territories throughout the U.S. Non-competing lines ok. Excellent commission and lead referrals. Trade show travel and expenses paid. Consult www.ocusoft.com Send resumes in confidence to: Mary Harris; email: mharris@ocusoft.com.

ST. LOUIS, MO - FULL TIME OPTOMETRIST.
Full time optometrist needed for private practice in St. Louis. Highly progressive practice, state of the art equipment, the latest in technology, full scope eyecare. Great benefit package and great salary. Please forward CV and inquire via e-mail to: jjwachter@charter.net

South Carolina Coast- Beautiful, historic Charleston. Busy 2 day/wk practice grossing $150,000. Selling for $75,000. Option for building purchase. Email ldoctor@aol.com or 843-345-1259

WASHINGTON ST. Practice for sale. Gross $350+K / yr. on 4 day week. Rural paradise. Retiring O.D. Easy transition. 1-206-914-3450

Miscellaneous

ALL LOANS for PRACTICES
Unsecured Working Capital, Acquisition, Debt consolidation, Equipment, Expansion, Real estate, Start up. Up to 100% available. Call 888-277-6633 or visit www.promed-financial.com.

ALL STATES - PRACTICE OPPORTUNITIES: ownership at affordable investment. Work in a more peaceful surround. Call Erick at 240 592 7960

DO YOU WANT TO HELP CHILDREN? 1 out of 4 children struggle with vision problems that interfere with reading and learning. Detection and treatment of these vision problems could be your niche. Learn more about making vision therapy a profitable service in your practice. Call today to schedule a free consultation with Toni Bristol at Expansion Consultants, Inc., specializing in Vision Therapy practice management and marketing since 1988. Toll free 877/248-3823.

Hands-on Clinical Training in Vision Therapy is available from OEP for you and your staff at four US sites. Call now for information 800 447 0370.

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/351-6926.

Multiple streams of income with extreme R.O.I. Free info, fax 806-745-5486 email familyvisioncenter@nts-online.net

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!
How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to:
VOSH INTERNATIONAL
C/O IMEC
1600 Osgood Street
North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforrey@comcast.net and voshinternational@comcast.net.

Equipment for Sale

1880-1890 antique lens cabinet. Horizontal rolltop. Pullout writing desk, drawer. Excellent condition and mahogany finish. Lower bookshelf. Contact drdonconner@aol.com, or call 812-239-7698 for more description and picture.

Davis, CA: Complete set of dispensary furniture in excellent condition, includes displays for 1000 frames, three dispensing tables and mirrors. Fully furnish your new or second office inexpensively. Contact Joann @ 530-758-2122.

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $60 (40 words maximum) 2 column inches - $110 (80 words maximum) 3 column inches = $150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com or by fax at 212.633.3820 attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock - Elsevier ad sales contact - at 212.633.3986 for advertising rates for all classifieds and showcase ads.

March

PENNSYLVANIA OPTOMETRIC ASSOCIATION
POA TECHNOLOGY CONFERENCE March 30, 2008
Sheraton Harrisburg-Hershey, Harrisburg, Pennsylvania
Ilene Sauerteig, 717/233-6455
ilene@poaeyes.org

MARYLAND OPTOMETRIC ASSOCIATION AND WILMER EYE OPTICAL/JOHNS HOPKINS EVIDENCE-BASED CARE IN CONTACT LENS, GLAUCOMA AND CORNEA THERAPEUTICS
March 30, 2008
Turner Auditorium on the Johns Hopkins Hospital Campus, Baltimore, Maryland
Kristen Shoemaker
410/727-7800; 410/727-1801
FAX: 410/752-8295
moa@assnhqtrs.com
www.marylandeyes.com

April

NEW JERSEY ACADEMY OF OPTOMETRY GOLF CONFERENCE
April 2-6, 2008 Kingston Plantation, Myrtle Beach, SC, 732/920-0110
dhl2020@aol.com

VT/LEARNING RELATED VISUAL PROBLEMS (OEP CLINICAL CURRICULUM)
April 3-7, 2008 (Tentative)
Optometric Extension Program Foundation, co-sponsored by NOVA Southeastern University
Ft. Lauderdale, FL. Theresa Krejci
800/447 0370
TheresaKrejciOEP@verizon.net
www.oep.org

NEBRASKA OPTOMETRIC ASSOCIATION
NOA SPRING CONFERENCE
April 4-6, 2008
Embassy Suites, Omaha, Nebraska
Joni Kral
402/474-7716
noa@assocoffice.net
www.noaonline.org

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
104-Hour Therapeutic Pharmaceutical Agents Certification Course begins April 5, 2008
Toronto, Ontario, Canada
N. Scott Gorman, O.D., MS, EdD, 954/262-1462
scottg@nsu.nova.edu
http://optometry.nova.edu/ce

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
RETINA SYMPOSIUM 2008: AN UPDATE FOR PRIMARY EYE CARE CLINICIANS
April 5-6, 2008
Fort Lauderdale, Florida
N. Scott Gorman, O.D., MS, EdD, 954/262-1462
scottg@nsu.nova.edu
http://optometry.nova.edu/ce

SOUTHERN COLLEGE OF OPTOMETRY SPRING CONTINUING EDUCATION April 11-13, 2008 SCO Campus in Memphis, TN (901) 722-3234; www.sco.edu; ce@sco.edu

NEURO-OPTOMETRIC REHABILITATION ASSOCIATION
April 10-13, 2008
San Antonio, TX
www.nora.cc

PSS 2008: CONFERENCE ON COMPREHENSIVE EYECARE
April 12-13, 2008
Crowne Plaza Niagara Falls, NY
203/415-3087
education@psseyecare.com
www.psseyecare.com

UNITE FOR SIGHT
FIFTH ANNUAL INTERNATIONAL HEALTH & DEVELOPMENT CONFERENCE: BUILDING GLOBAL HEALTH FOR TODAY AND TOMORROW
April 12-13, 2008
Yale University, New Haven, Connecticut
uniteforsight.org/conferences/2008

THE OHIO STATE UNIVERSITY BINOCULAR VISION/PEDIATRICS AND CHILDREN'S LEARNING FORUMS
April 17-18, 2008
Columbus, Ohio
Marjean Taylor Kulp
614/688-3336
kulp.6@osu.edu
www.optometry.osu.edu

ARKANSAS OPTOMETRIC ASSOCIATION
SPRING CONVENTION
April 17-19, 2007
Embassy Suites, Little Rock, AR
Vicki Farmer
501/551-7675
FAX: 501/372-0233
www.arkansasoptometric.org

ORTHOKERATOLOGY ACADEMY OF AMERICA & UNIVERSITY OF HOUSTON, COLLEGE OF OPTOMETRY
SECOND ANNUAL RESHAPING THE WORLD CONFERENCE
April 17-20, 2008
Westin San Diego, California
Cary M. Herzberg, O.D., FOAA
866/851-9922
www.okglobal.org

MISSOURI OPTOMETRIC ASSOCIATION
SPRING CE
April 17-22, 2008
St. Maarten, Joyce Baker
573/635-6151
info@moeyecare.org

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 23RD ANNUAL MORGAN/SARVER SYMPOSIUM
April 18-20, DoubleTree Hotel, Berkeley Marina,
510/642-6547 or
800/827-2163
FAX: 510/642-0279
optoce@berkeley.edu
www.optometry.berkeley.edu

DADE COUNTY (FL) OPTOMETRIC ASSOCIATION
MIAMI NICE EDUCATION SYMPOSIUM
April 19-20, 2008
Westin Colonnade Hotel, Coral Gables, Florida
Lynne or Steve
www.miamieyes.org
800/808-5018
FAX: 772/334-0856
dcoa@miamieyes.org

KANSAS OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
April 24-26, 2008
Capital Plaza Hotel, Topeka, KS
info@kansasoptometric.org
www.kansasoptometric.org

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS
ANNUAL CONGRESS
April 24-26, 2008
Bellagio Hotel, Las Vegas, Nevada
Tracy Abel 888/376-6926 or 503/436-0798
FAX: 503/436-0612
tracyabel@earthlink.net
www.mwco.org

106TH ANNUAL SPRING CONGRESS
KENTUCKY OPTOMETRIC ASSOCIATION
April 24-27, 2008
Marriott Hotel/KICC, Louisville, Kentucky
sarah@kyeyes.org
www.kyeyes.org

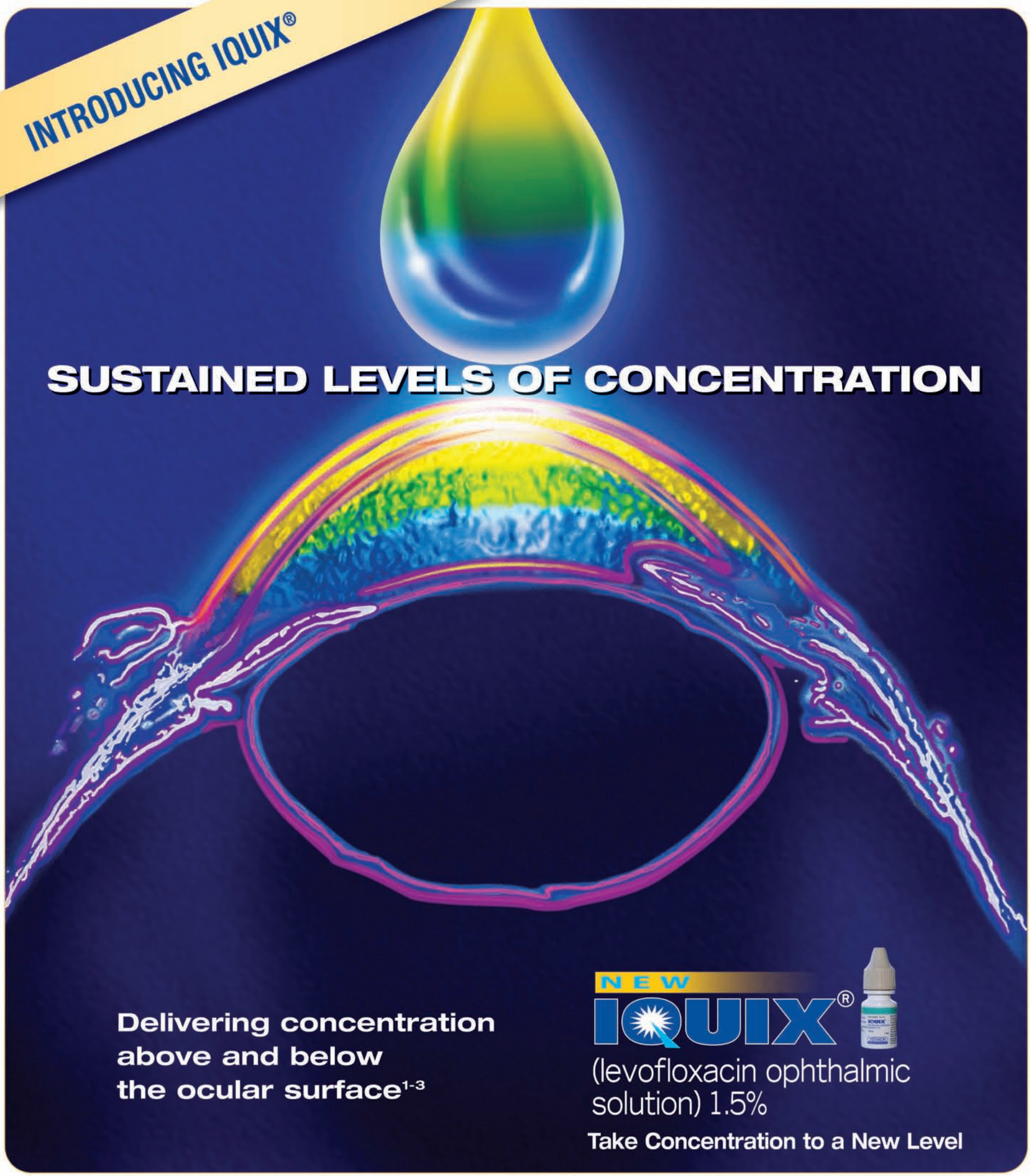
VIRGINIA OPTOMETRIC ASSOCIATION
VOA VOYAGES IN VISION CE CONFERENCE
April 24-27, 2008
JW Marriott Cancun Resort, Cancun, Mexico
Bruce B. Keeney, Sr.
804/643-0309
www.voaeyedocs.org

THE SEAVISION CONFERENCE
April 24-May 3, 2008
Scotland & Ireland
Sylvia
800/249-3214
www.seavision.info

WEST FLORIDA OPTOMETRIC ASSOCIATION
SPRING SEMINAR
SANDESTIN HOTEL, SANDESTIN,
Thomas Streeter, O.D.
April 25-27, 2008
850/279-4361
FAX: 850/279-4363
opttom@hotmail.com
www.wfoameeting.com

INDIANA OPTOMETRIC ASSOCIATION
2008 SPRING CONVENTION
April 25-27, 2008
Sheraton Hotel & Suites, Indianapolis, Indiana
Bridget Sims
317/237-3560
www.ioa.org

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org



IQUIX® is indicated for the treatment of corneal ulcers. The ocular adverse events occurring in 1%-2% of patients included decreased/blurred vision, instillation site irritation/discomfort, ocular infection, and ocular pain/discomfort. The non-ocular adverse events occurring in approximately 8%-10% of patients were headache and taste disturbance. IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

References: **1.** Walters TR, Hart W. Tear concentration of 1.5% levofloxacin ophthalmic solution following topical administration in healthy adult volunteers. *Invest Ophthalmol Vis Sci*. 2003;44: E-Abstract 4453. **2.** Data on file, VISTAKON® Pharmaceuticals. Pharmacokinetic report for comparative ocular penetration of levofloxacin, moxifloxacin and gatifloxacin following a single topical administration to the rabbit eye. Study No. 74202. **3.** Data on file, VISTAKON® Pharmaceuticals. A randomized, observer-masked, parallel-group, multicenter trial evaluating the ocular penetration of 1.5% levofloxacin ophthalmic solution and 0.3% gatifloxacin ophthalmic solution in subjects undergoing corneal transplant surgery. Clinical Study Report 16-007R. August 2, 2005.

Please see brief summary of full Prescribing Information on the next page.

IQUIX® is a licensed trademark of Daiichi Sankyo Co., Ltd., Tokyo, Japan Daiichi Sankyo.
Manufactured by Santen Oy, Tampere, Finland Santen®.
Marketed by VISTAKON® Pharmaceuticals, LLC, Jacksonville, Florida VISTAKON PHARMACEUTICALS, LLC. VISTAKON® is a registered trademark of VISTAKON® Pharmaceuticals, LLC.

For more information, visit www.IQUIX.com

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